CLAIMANT	(REV. 10/92 S NAME)			Statem	ent on Re	everse Sia	e			Page	٠ -	1 of		
Will Fo	ОХ					SSAN OR	EMPLOYEE N	JMBER		DEPARTME	NT age		1 01		
POSITION CB/ID NUMBER							OR BUREAU			Govern	vernor's Office				
Deputy Chief of Staff RESIDENCE ADDRESS						Executive office						IBER			
						1	RTERS ADDRE	SS				E NUMBER			
ITY		STATE	ZIP	State Capit					STATE						
			Sacra			Y			CA		05 9 1 4				
from from	Martine Location				MEALS				Ţ		NSPORTATION		95814		
$\alpha \pi \sim 1$		LOCATION WHERE EXPENSES	· ·							CARFARE,			BUSINESS	ТОТА	
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER	INCIDENTALS	COST OF TRANS,	7000	TOLLS,		CAR USE	EXPENSE	EXPE	
28-Apr	8:00am	Sac to LA						/ANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR	
S _{AP}						 		323.40	Air		12	6.00		32	
r4=Apr	5:00pm	LA to Sac								9.00	12	6.00	13.32	2	
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SUBTOTALS 0.00				0.00	0.00	0.00	0.00	323.40	0.00	9.00	24			0.0	
UMN C	ODE (AC	CTG. USE ONLY)		13.6 1	Making 1	Made.	or all to	2.7%	3.00	153.4	24	12.00	13.32	6601.60	
	CLAIM TO											STORES SE	EDECT CASE IN	VALUE OF	
POSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) NORMAL WORK HOUR											- L	\$357.72			
nd plai	nning me	eetings in LA for	GGCS3							INC.	KIVIAL VVO	IRK HOUR	S		
										PR	IVATE VEH	ICLE LICE	NSE NUME	RED	
														J_1(
										MIL	EAGE RAT	E CLAIME	D	-	
							- 4			100	0.5				
BY CERT	IFY, That th	e above is a true statemen	nt of the travel	expenses inc	curred by m	e in accordan	ice with DPA r	ules in the se	onice of the S				TING OFF	ICE	
iia. Ii a pr	ivately owne	ed vehicle was used and it	mileage exce	eds the minin	num rate, I	certify the cos	l of the operat	ing the vehic	No won an in-			USE ONI			
than the r	ate claimed,	and that I have met the re	equirements a	s prescribed l	by SAM Se	ctions 0750, 0	751,0752, 07	53 and 0754					CHECK NUMB	ER	
ng to veni		nd seat belt usage		la a re							24	087	79		
				DATE	./	SIGI	VATIDE OF O	EICED APPR	OVING TRAVE	L AND PAYM	ENT	DATE			
		ORITY FOR SPECIAL EXPE			/Z8	//0							5/3/1	0	
DE															

STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM

See Instructions and Privacy

STD 262 (REV. 10/92)		nt on Rev		·)		Page 1 of 1										
Will Fo			SSAN OR ER	APLOTEE NO	MBER		nor's Office										
POSITION CB/ID NUMBER							BUREAU			INDEX NUMBER							
Deputy Chief of Staff RESIDENCE ADDRESS							ve office			TELEPHONE NUMBER							
							pitol			TOTAL HOMBER							
CITY STATE ZIP							State Capitol					ZIP					
							ento	T		CA			95814				
мом	HYEAR	LOCATION			MEALS	T				CARFARE,			BUSINESS	70741			
4	10	WHERE EXPENSES LODG					INCIDENTALS	COST OF		TOLLS,	PRIVATE CAR USE		EXPENSE	TOTAL			
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY			
13-Apr	5:00pm	Sac to LA	√ 190.81			/ 18.00		27 68	taxi			0.00		248.06			
14-Apr	9:00pm	LA to Sac						159.70	Air	29.00		0.00	/ 13.32	202.02			
												0.00		0.00			
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	SUBTO	OTALS	190,81	0.00	0.00	18,00	0.00	198.95	0.00	29.00	0	0.00	13.32				
COLUMN	CODE (A	CCTG. USE ONLY)	es illes	Q.M. 388	\$ 12.1	$\{I_{\alpha} \neq \{G\}\}$	6,45.6				SANTES OF		100			
	CLAIM	TOTAL								44	8.5/ \$450.08						
		P, REMARKS AND					ed)				NORMAL	WORK HOL		31			
Starr Go	Staff Governor for meeting with Chancellor Merkel in Los Angeles.										PRIVATE VEHICLE LICENSE NUMBER						
		3 9, 9 (2000								MILEAGE RATE CLAIMED 0.5						
													AGENCY ACCOUNTING OFFICE				
I HEREBY C	HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of												USE ONLY				
California II	f a privately o	wned vehicle was used an	d if mileage	exceeds the n	ninimum rate	, I certify the	cost of the op	perating the v	ehicle was e	qual to or	PAID BY	REVOLVING F	UND CHECK N	UMBER			
		ned, and that I have met th	e requiremer	nts as prescrib	ped by SAM	Sections 075	0, 0751,0752	, 0753 and 0	754		2	408	379				
CLA				_][DATE		SIGNATURE C	OF OFFICER A	PPROVING T	RAVEL AND F	PAYMENT	1	DATE	,			
					7/2	7//0							5/3	110			
SIGNATURE C	OF TITLE OF A	UTHORITY FOR SPECIAL E	APENOLO		l	1			٠			ľ	DATE				